

Diabetes

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Course

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Diabetes

Diabetes is an aging-related condition resulting from the inefficient use of insulin in the body. ~~The condition affects the aging population but is recently rampant in young children.~~ The disease has ~~caused~~ cultural, financial, and legal implications on the affected patients. ~~diagnosed with the condition.~~ Medical practitioners' interventions ~~such as nurses~~ are critical in assessing the illness-diabetes and helping manage it. Some key ways to sustain diabetes management include cCommunity involvement, cultural tailoring, face-to-face feedback, and high-intensity interventions. ~~ensure sustainability.~~ Healthcare Organizational input and resources are important essential to fund the increase in expenditure of insulin and address barriers to medical research. ~~To improve and sustain diabetic patients' medical interventions, community involvement, cultural tailoring, offering feedback, and high-intensity intervention are essential to improve their welfare.~~

The Problem statement

Diabetes ~~is a chronic condition that~~ affects how the body converts food into energy. As food is broken down into glucose and released into the bloodstream, insulin from the pancreas allows the blood sugar to the body cells for energy—diabetes condition results from lack of adequate insulin or when the body cannot utilize produced insulin. In inadequate insulin, too much sugar remains in the bloodstream, causing heart disease, kidney disease, and vision loss. The condition has ~~two three-~~ main typesforms: Ttype 1, Ttype 2, ~~and gestational diabetes in pregnant women.~~ Type 1 diabetes results from autoimmune action when the body

stops making insulin, whereas, in type 2 diabetes, the body does not utilize produced insulin efficiently to keep the blood sugar regular.

Population Affected

The aging and minority groups' population are the most affected by the diabetic condition. Some significant variables that contribute to the illness on this demographic group include, pPhysical inactivity, and a high-calorie diet, low socioeconomic level, and lack of education, and urbanization are possibly significant variables contributing to the illness.

According to the Centre for Disease Control and Prevention (CDC) figures from 2020, American Indians and Alaska Natives are the ethnic groups most impacted by diabetes. People aged 65 and above are the most affected, with 25% of those 65 and over having the disease. Moreover, 37 million people have diabetes in America, about one in every ten and Type 2 diabetes is the most common, approximating 90- 95% of the diagnosed cases, while type 1 accounts for 5-10% (Centre for Disease Control and Prevention (CDC), 2021). People above 45 years are more susceptible to the condition, but teens and children develop it. Diabetes is the seventh leading cause of death in the United States, with adults diagnosed with diabetes has doubled.

Cultural Implication

Diabetes affects people from different races and ethnic backgrounds. Ethnic minority groups such as Hispanic, Asian American, and Hispanic blacks' rates of diagnosed diabetes continue to rise.

Cultural beliefs, perception of insulin, family, social factors, health literacy, and religion are cultural implications on the diabetes treatment

regimen (Caballero, 2018). Such perception of insulin to cause more complications and fear of insulin injection among the Hispanic diabetes population are cultural barriers to treatment. Lack of family support, such as insulin as a burden interfering with daily life and feelings of embarrassment, delays patient insulin initiation. Hence, religious views on the condition influence patients' use of drugs, while others result in prayers to deal with and change unhealthy behaviours.

Financial /Legal/Ethical Implications for the Population Affected

Treating diabetes per person has significantly increased due to hospital inpatient care costs, prescription medications to manage diabetes and related complications. Physician office visits and non-medical interventions can help manage healthy and good nutrition diseases. These issues have negatively impacted the low-income and poor persons as they rarely have insurance and cannot cover the costs themselves (Moucheraud et al., 2019). Because of the increased cost of diabetes treatment and care, persons have been impacted in the following ways: increased rate of reduced physician office visits, reduced productivity while at work, and even inability to work as the disease itself and its complications can be debilitating, increased resource use, increased absenteeism at work and low self-esteem associated with the disease. Diabetes and its related complications cause a heavy economic burden on individuals and the country. Therefore, measures like early diagnosis, diabetes health education, production of less expensive but quality medication, creating affordable care of patients affected by diabetes and its complications, increasing medication adherence, and

promoting patient-provider communication can help elevate the financial burden of diabetes, and its related complications have on the economy.

Interventions

The nursing profession has helped reduce the barriers to receiving quality and improved care to disadvantaged groups diagnosed with diabetes. For example, nurses are now bringing diversity to the hospital by learning different cultures and languages. The health systems have also increased the hours of service for nurses and changed their roles from medical providers to caregivers (Petersen, 2021). However, most intervention programs that target the general population fail to consider the underprivileged groups who may not fully utilize their opportunities. These individuals face challenges with language, religion, culture, financial difficulties, child care, gaining time off work, and health illiteracy (Petersen, 2021). These challenges affect the uptake of the interventions aimed at reducing health inequities. Hence, intervention programs need to be tailored to specific audiences focusing on how the health programs will be planned and delivered to encourage access to health services to the disadvantaged populations.

Sustainability of the Interventions

Interventions aim at socially disadvantaged populations to effectively reduce health disparities in diabetes care and outcomes. Most interventions require organizational inputs and resources that go well beyond traditional diabetes education programs. The focus should mainly be on tailoring the interventions to meet individual needs, especially regarding culture, religion, health literacy, and financial affordability

(Haw et al., 2017). Some of the critical interventions that can sustainably improve diabetes care among disadvantaged populations include community involvement, cultural tailoring of the intervention, face-to-face interventions, and offering feedback and high-intensity intervention. Addressing psychological variables in the treatment intervention of diabetes, such as cultural, social, behavioural, spiritual, and cognitive factors, helps overcome obstacles to self-management and diabetes adherence. They are recognizing and helping patients with psychosocial issues soon as the diagnosis of diabetes may enhance their capacity to adjust or take appropriate responsibility for diabetic self-care and enhance their psychosocial well-being (Jena et al., 2018). Patients diagnosed with diabetes often suffer from depression, guilt, and denial. Health care systems and family members should offer support and incorporate psychological screening in managing individuals with diabetes to avoid the adverse outcomes associated with psychological problems (Jena et al., 2018). The most common psychosocial interventions include motivational therapy, problem-solving, and cognitive behavioural therapy. Therefore, assessing and helping patients with psychosocial difficulties early in the course of diabetes may enhance their capacity to modify or take appropriate responsibility for diabetic self-care and enhance psychosocial well-being.

Costs Associated with the Interventions Identified

The cost associated with Diabetes interventions is high due to complications such as increased medical costs, loss of jobs, and wages for diagnosed persons, increasing implementation costs. The ailment is

an expensive chronic condition as one dollar in every four in the United States healthcare cost are spent on diabetic patients care. According to CDC (2021), 237 billion dollars and 90 billion dollars are spent on medical costs and reduction of productivity. An increase in expenditure for insulin treatment results from more costly genetically engineered human insulin instead of animal insulin becoming a barrier to therapy. An increase in the case of diabetic persons impacts such ethical issues as addressing barriers to research and analysing the impact on patient's genes (Moucheraud et al., 2019). The ability to measure the cost-effectiveness of different diabetes management practices is severely limited by isolating the effects of a specific treatment and the long-time horizon over which diabetes-related costs are incurred. Nonetheless, studies have shown cost-effective analyses of various diabetes interventions, and the most important is intensive blood glucose management.

Diabetes is a chronic disease that affects people's aging population, resulting in a rise in blood sugar. Type 1 diabetes results from lack of insulin, while type 2 results from underutilization of insulin. The specific population affected by the condition primarily consists of people above 45, but young children and teen diabetic cases continue to hike. Ethnical minorities as Hispanic and Asian Americans record the highest rates of diabetes. Cultural beliefs, social factors, religion, and health literacy, are cultural factors that affect treatment regimens of the condition. Low-income persons experience financial constraints and heavy economic due to the high cost of treatment. Interventions such as using medical

practitioners as nurses help reduce inequality improve care for less advantaged groups, and reduce health inequalities. Individually tailored interventions sustainably improve diabetic care.

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